



**North Carolina Department of Health and Human Services**  
**Division of Mental Health, Developmental Disabilities and Substance Abuse Services**  
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Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Richard J. Visingardi, Ph.D., Director

August 27, 2003

**MEMORANDUM**

**To:** Area Program Directors

**From:** Leza Wainwright, Team Leader, Budget and Finance  
Flo Stein, Chief, CPM

**Subject:** CTSP Non-UCR Funding Policy - SFY 04

Attached are the revised policy and procedures for SFY 04 CTSP Non-UCR Services. These policies and procedures replace the memorandum sent to Area Directors dated March 6, 2003 regarding CTSP Non-UCR Revised Funding Policy for SFY 03. Area Programs that have incurred expenses since July 1, 2003 may request reimbursement of costs associated with expenditures outlined in this policy by submitting a completed Financial Status Report (FSR). Since funds will be paid on a reimbursement basis, no settlement will be necessary.

**NOTE:** There are two CTSP Non-UCR funding categories, Family Participation and Wraparound. Use the following FRCs in conjunction with account 536930: funds supporting Family Participation and Training/Technical Assistance will be moved into FRC 49 and funds supporting Wraparound will be moved into FRC 00.

**NON-UCR - Family Participation (See Attachment I)**

Family participation funds are intended to enhance the ability of family members to assist the Division and local communities to improve the service system.

- 1) **Categories:** Family participation funds are not intended to cover the full cost of family participation; rather, these funds are intended to partially offset those costs. Funds are made available to support family involvement. Non-UCR Family Participation includes expenditures for family participation in addition to AP/LME Training and Technical Assistance.
- 2) **Approval Process:** To support local decision making and management of funds by the Area Program/LMEs, approval and accountability resides with the AP/LME. The AP/LME develops a policy and protocol for documentation and auditing purposes.
- 3) **Funding:** 3% of an AP/LME's UCR allocation will be transferred to Non-UCR FRC 49 for reimbursement of costs associated with expenditures outlined in this policy. In recognition of the importance of Family Participation, this 3% may not be transferred back to the UCR FRC 39 at any time. An AP/LME may choose to use up to an additional 3% of their UCR allocation for additional cost in the Family Participation and/or the Wraparound Non-UCR FRC as long as the aggregate total of both Non-UCR FRCs does not total more than 6% of the AP/LME's UCR allocation. Request to transfer funds must be provided in writing to Elizabeth Brown at the address listed above or email to [elizabeth.brown@ncmail.net](mailto:elizabeth.brown@ncmail.net).



**NON-UCR – Wraparound (See Attachment II)**

- 1) Categories:** The Wraparound category includes expenditures for foreign and sign language interpreter services and Bed Guarantee Retainers.
- 2) Approval Process:** To support local decision making and management of funds by the Area Program/LMEs, approval and accountability resides with the AP/LME. The AP/LME develops a policy and protocol for documentation and auditing purposes.
- 3) Funding:** Up to 3% of an AP/LME's SFY 04 UCR allocation may be transferred to Non-UCR, FRC 00 for reimbursement of costs associated with expenditures outlined in this policy. AP/LME will not be required to transfer funds in support of this policy. Request to transfer funds must be provided in writing to Elizabeth Brown at the address listed above or email to [elizabeth.brown@ncmail.net](mailto:elizabeth.brown@ncmail.net).

**NOTE:** By August 31, 2003, the Division will send out an allocation letter to each Area Program as formal notice documenting the amount of UCR funds transferred into the Family Participation FRC 49 for Area Program.

Should you have any questions regarding CTSP Non-UCR Funding Policy for SFY 04, please direct all program questions to Beth Whitaker at (828) 438-6515 or [beth.whitaker@ncmail.net](mailto:beth.whitaker@ncmail.net) and direct all funding questions to Elizabeth Brown at (919) 733-7013 or [elizabeth.brown@ncmail.net](mailto:elizabeth.brown@ncmail.net).

**Attachments**

- I. CTSP Non-UCR Family Participation Policy and Procedures
- II. CTSP Non-UCR Wraparound Policy and Procedures

cc: Secretary Carmen Hooker Odom	Lanier Cansler	James Bernstein
DMH/DD/SAS Executive Leadership Team	Carol Duncan-Clayton	Robin Huffman
Fred Waddle	Patrice Roesler	Jack Chappell
Area Finance Officers	Spencer Clark	Bob Duke
Regional Accountants	AP CTSP Coordinators	Jay Dixon
MH Best Practice Team	MH Advocacy Team	Jim Jarrard
MH LME Team	MH Budget Office	



**CTSP  
Non-UCR Family Participation  
Policies and Procedures  
SFY 04**

**Purpose:**

The purpose of this policy is to describe the appropriate uses and procedures for accessing CTSP Non-UCR funding for reimbursement costs associated with expenditures outlined in this family participation and training and technical assistance policy.

**Scope:**

Area Programs may be paid directly for expenses incurred in the operation of the Comprehensive Treatment Services Program (CTSP) that are not included in the UCR rates or payments. These expenses include reimbursements to family members to offset costs associated with family member participation in program and policy development and expenses associated with implementation of system-of-care training and technical assistance.

**Policy Statement:**

Legislation creating the Comprehensive Treatment Services Program funding requires family involvement and indicates that funds may be used to expand a system-of-care approach for services to children and their families statewide. Non-UCR funds are made available to support implementation of essential coordination, training, technical assistance, and other components not funded elsewhere that are necessary to meet Legislative requirements, system-of-care implementation and State Plan 2003 planning and implementation.

**Family Participation**

Family participation funds are intended to offset costs in order to enhance the ability of family members to assist the State and communities to improve the service system. Family participation funds are not intended to cover the full cost of family participation.

**1) Allowable Expenditures:**

Family Participation may be utilized for the following (documentation regarding costs is required):

- Stipends: Compensation in the form of stipends to individual family members to help ensure their participation in system-of-care activities to assist the State and communities in improving the service system. Stipends may be paid for the following:
  - Attending and participating in Division and AP/LME related workgroups and meetings.
  - Attending and participating in local community collaborative and community collaborative related meetings.
  - Attending system-of-care training events.
  - Developing and disseminating family/parent newsletters and other educational materials relevant to promoting family involvement in the system-of-care.
- Parents as Trainers may be paid at the rate of payment in accordance with the Area Program/LME Board policies for trainers and consultants
- Training events/conferences/workshops and related expenses. Reimbursement to include: registration fee, travel, meals, and lodging. Reimbursement must be consistent with Area Program/LME reimbursement schedules and policies.
- Travel reimbursement for mileage, parking, cab fare, etc. Reimbursement must be consistent with the Area Program/LME reimbursement schedules and policies.

## **2. Non-allowable expenditures for Family Participation:**

- Child care or elder care costs
- Stipends for family members to attend their own Child and Family Team meetings or for activities necessary to implement their child's/family service plan.
- Out of state travel and training costs
- Staff salaries (including contracted staff)
- Funds intended to supplant federal, local or other state funds.

## **3. Protocol:**

- Each local Community Collaborative (CC) must include family members as partners in its activities and decisions. In this role, family members represent consumer and family perspectives necessary to assist the State and communities in improving the service system and suggestions for policy changes.
- Some family members may wish to volunteer their time. However, stipends will be made available to offset costs of their participation upon request. CC members must endorse the list of family members who wish to receive stipends prior to any family member's attendance in meetings, events and/or training.
- Area Programs are to work with CC members to develop a stipend request form that will specify information required to process stipend reimbursement/payment. Once endorsed by the CC, requests for stipends are to be submitted to the area program for approval to grant the stipend.
- Reimbursement/payment of stipends will require submission of documentation as required by the Area Program along with a copy of the approved stipend request. At a minimum, reimbursement/payment requests should include date and location of training/TA event, agenda/topics covered, attendee's names and agency/other affiliation.
- Allowable amount of stipend is up to \$10.00 per hour, not to exceed \$80 per day. Partial hours should be rounded to the nearest quarter hour.
- For Parents as Trainers, the rate of payment is in accordance with the Area Program Board policies for trainers and consultants.

### **Training and Technical Assistance**

This category is applicable to expenses associated for training or technical assistance needs identified by the Area Program in conjunction with the local Community Collaborative. Training and Technical Assistance in system-of-care principles and practices is essential for successful implementation of CTSP.

#### **1) Allowable Expenditures:**

- Development of cross-agency training in system-of-care principles and topics (Other agencies may include juvenile justice, public health, child welfare and private mental health providers)
- Attendance of Area Program/LME staff at system-of-care related training
- Educational materials targeted to family members (i.e., videotapes, pamphlets, and reference materials on mental health related topics and educational materials printed in foreign languages such as Spanish, Vietnamese)
- Payment of consultant/expert fees in development of system-of-care.

#### **2) Non-allowable expenditures:**

- Out of state training events
- Marketing items and giveaways
- Computers and computer software

### **3) Protocol:**

- Training and technical assistance needs should be identified for staff internal to the Area Program and for 'external' partners, including, but not limited to: Juvenile Court Judges, DSS case managers/social workers, private providers, Juvenile Justice Court Counselors, Local Education Agency staff, Community Collaborative members and other relevant stakeholders.
- Area Programs must ensure that the following information is collected and maintained: date, location of training/TA agenda/topics covered, attendees names and agency or other affiliation.
- Please note that submission of training and technical assistance plans to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services are no longer required in order to utilize Non-UCR funds.

### **Enforcement:**

Approval and accountability resides with the AP/LME. The Area Program/LME develops a policy and protocol for documentation and auditing purposes.

### **Billing:**

- 1) 3% of an AP/LME's SFY 04 UCR allocation will be transferred to Non-UCR for reimbursement of costs associated with expenditures outlined in this policy.
- 2) Non-UCR allocation for Family Participation and Training and Technical Assistance reimbursements will be placed in Account 536930, FRC 49.
- 3) All Non-UCR payments will be based on actual cost already incurred by the Area Program as opposed to an estimate of expenditures in the current or subsequent month. The Funds Request Form has been replaced with a Financial Status Report (FSR). The Area Program is responsible for filling out the FSR and reviewing it for accuracy before submitting it to the Regional Accountants for approval. In addition to the direct expenditures incurred, the FSR should include the allowable thirteen percent (13%) area administration cost. Fax or electronic copies of the FSR will not be accepted. The FSR must have an original signature and it also requires a certification that the cost being reported for reimbursement have already been appropriately incurred and recorded on the area program's general ledger. It is recommended that the area program keep copies of all supporting documentation used to prepare each FSR attached to the FSR copy in the event that the Regional Accountant does sample expenditures. Documentation to support the reported expenditures should not be submitted with the FSR but must be available for review at a later date. Since funds will be paid on a reimbursement basis, no settlement will be necessary. Allowable Non-UCR expenditures that do not exceed the Area Program's designated Non-UCR allocation will be paid in the DHHS Controller's Office monthly check write schedule.

**CTSP  
Non-UCR Wraparound  
Policies and Procedures  
SFY 04**

**Purpose:**

The purpose of this policy is to describe the appropriate uses and procedures for accessing Non-UCR funding for Wraparound Services for CTSP eligible children.

**Scope:**

This policy and procedure applies to children who meet criteria for Children's Comprehensive Treatment Services Program (CTSP) funding and/or target population - CMSED. The wraparound services covered by this policy are as follows:

- 1) Sign language or foreign language interpreter services in any treatment setting not otherwise covered by the Division's existing sign language interpreter services policy.
- 2) Bed Guarantee Retainer: This is a finance strategy used to hold a bed on a short-term basis.

**Policy Statement:**

As North Carolina builds its service array for children, flexible supports and services are needed for those children and youth with unique and complex needs.

The goal of these services are to help children in North Carolina to successfully access services, navigate transition, or manage crisis in order to maintain placement in the least restrictive setting.

**Wraparound Services Description:**

- 1) Interpreter Services – Sign Language and Foreign Languages
  - This is applicable for interpreter services associated with treatment services provided in any setting.
  - This may be used to cover sign language interpreter costs not otherwise covered by the Division's existing sign language interpreter services policy. (i.e. excess costs that exceed the Division interpreter reimbursement rates, interpreter service costs incurred by private providers.)
  - Reimbursement may be provided for foreign language interpreter services for up to \$35 an hour, not to exceed 4 hours in a 24-hour period.
  - Reimbursement may be provided for sign language interpreter services at area program cost, less the amount area programs are reimbursed through the existing division sign language interpreter services policy. Area Programs cannot double bill.
- 2) Bed Guarantee Retainer
  - This is a finance strategy used to hold a bed on a short-term basis for a specific child.
  - This applies to Residential Level II-IV and PRTF.
  - This is to be used to finance retaining a bed for the following reasons: crisis stabilization, hospitalization, child is on the run, child is in detention. This ensures that a provider can be reimbursed to save bed space for the returning child.
  - The provider is reimbursed at the appropriate residential treatment rate for that level of care. Room and board is not reimbursed.
  - The bed may be held for up to 7 continuous days per client with no provision for additional days.

**Enforcement:**

Approval and accountability resides with the Area Program/Local Management Entity (AP/LME). The AP/LME develops a policy and protocol for documentation and auditing purposes.

**Procedure:**

- 1) The AP/LME determines that Wraparound services cannot be obtained through existing funding streams or service definitions.
- 2) At the time of determination of need a service plan addendum must be added to the individualized person centered service plan.

**Billing:**

- 1) 3% of an Area Program's UCR allocation may be transferred to the Non-UCR Wraparound category for reimbursement of costs associated with expenditures outlined in this policy.
- 2) Non-UCR allocation for Wraparound reimbursement will be placed in Account 536930, FRC 00.
- 3) All Non-UCR payments will be based on actual cost already incurred by the Area Program as opposed to an estimate of expenditures in the current or subsequent month. The Funds Request Form has been replaced with a Financial Status Report (FSR). The Area Program is responsible for filling out the FSR and reviewing it for accuracy before submitting it to the Regional Accountants for approval. In addition to the direct expenditures incurred, the FSR should include the allowable thirteen percent (13%) area administration cost. Fax or electronic copies of the FSR will not be accepted. The FSR must have an original signature and it also requires a certification that the cost being reported for reimbursement have already been appropriately incurred and recorded on the area program's general ledger. It is recommended that the area program keep copies of all supporting documentation used to prepare each FSR attached to the FSR copy in the event that the Regional Accountant does sample expenditures. Documentation to support the reported expenditures should not be submitted with the FSR but must be available for review at a later date. Since funds will be paid on a reimbursement basis, no settlement will be necessary. Allowable Non-UCR expenditures that do not exceed the Area Program's designated Non-UCR allocation will be paid in the DHHS Controller's Office monthly check write schedule.